


Comment on “Effectiveness of remote endarterectomy in superficial femoral artery occlusion”

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I read the article, “*Effectiveness of remote endarterectomy in superficial femoral artery occlusion*” by Koçak et al.^[1] with great interest. As the technology for angiographic interventions advances, there is a need for development in the open surgical field. The minimally invasive approach described by the authors provides a stronger option compared to angiographic interventions. I believe the comparison of remote endarterectomy with percutaneous transluminal angioplasty will provide further valuable information about remote endarterectomy surgery.

However, there are several concerns regarding the study design. It is mentioned that patients under 18 years of age and traumatic bypasses done with saphenous vein grafts were not included in the study,^[1] but there is no comment on femoropopliteal bypasses performed using saphenous vein grafts. Furthermore, the absence of saphenous vein bypasses is surprising, given the Class I indication for saphenous vein grafts in the European Society for Vascular Surgery guidelines and better long-term patency rates.^[2]

The anatomical indications for surgery are clearly described in the text; however, there is no information regarding clinical symptoms of the presented patients. The indications for surgery are limited according to most of the guidelines. Currently, optimal medical management and exercise are the first-line approaches, followed by revascularization if necessary.^[2]

Another issue is that distal runoff is crucial for patients undergoing revascularization for peripheral arterial disease. Providing information on whether these 48 patients also had distal vascular disease would help the reader interpret the results thoroughly.^[3] Once

again, I would like to commend the authors for their great work.

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